



Kentucky County Treasurers Certification Program

Elective Training Approval Request Form



Name: _____ Date: _____

County: _____ Email: _____

Phone: _____ Fax: _____

Requestee: When submitting please attach a copy of the detailed training event agenda (if available) showing all starting and ending times of training sessions.

Training Title: _____

Training Date(s): _____

Training Provider: _____

Training Location: _____

Provider Agency and/or Contact Name: _____

Phone: _____ Title: _____

E-mail: _____ Fax: _____

Please complete and submit this form along with a detailed training agenda (if available) to:

KY Treasurers Training Approval
Attn: Jeff Gray, Whitley County Treasurer
Email: jgray@2geton.net Fax: 606-549-6021

FOR DLG / KACTFO USE ONLY

KACTFO Approved: _____ Date: _____ Hours: _____

DLG Approved: _____ Date: _____ Hours: _____

Denied: _____ Date: _____